

February 23, 2022

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Support - Senate Bill 787 - Managed Care Organizations and Health Insurance Carriers - Prior Authorization for HIV Postexposure Prophylaxis for Victims of Sexual Offenses – Prohibition

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 787.

Hospital-based <u>sexual assault forensic medical programs</u> across the state deliver trauma-informed care to survivors of sexual assault, abuse, neglect, interpersonal violence, human trafficking, and other forms of violence. State law ensures no out-of-pocket expense is incurred by survivors of sexual assault for emergency medical treatment and forensic services. The Governor's Office of Crime Prevention, Youth & Victims Services' Sexual Assault Reimbursement Unit (SARU) oversees reimbursement of these medical and forensic services.

The General Assembly passed SB 657/HB 1249 in 2019, which created the pilot program for preventing HIV for rape victims. This program successfully removed barriers that historically prevented eligible victims of sexual assault and child sexual abuse from accessing HIV prophylactic treatment. Clinical guidance recommends patients begin nonoccupational post exposure prophylaxis (n-PEP) treatment within 72 hours of a potential exposure and continue consistently for 28 days. Otherwise, research shows, medication has little or no effect in preventing HIV.

A prior authorization can serve as a barrier to accessing nPEP in a timely manner. SB 787 removes this barrier for individuals who feel comfortable using commercial insurance to cover the majority of the cost instead of turning to the state nPEP program.

For these reasons, we urge a favorable report on SB 787.

For more information, please contact: Jane Krienke, Legislative Analyst, Government Affairs Jkrienke@mhaonline.org

¹ Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (2016). <u>Updated Guidelines for Antiretroviral Postexposure Prophylaxis after Sexual Assault, Injection Drug Use, or Other Nonoccupational Exposures to HIV- United States, 2016.</u>

² US Department of Health & Human Services, Secretary's Minority AIDS Initiative Fund (SMAIF). (2018). <u>HIV Prevention- Using HIV Medication to Reduce Risk-Post-Exposure Prophylaxis</u>.